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NASA Procedural Requirements

COMPLIANCE IS MANDATORY

NPR 1800.1C

Effective Date:
October 06, 2009
Expiration Date:
October 06, 2014

Printable Format (PDF)

Request Notification of Change   (NASA Only)

Subject: NASA Occupational Health Program Procedures w/Change 1 (12/31/2009)

Responsible Office: Office of the Chief Health & Medical Officer

Chapter 5. Employee Assistance Program (EAP)

5.1 General

5.1.1 Policy

5.1.1.1 The NASA EAP shall ensure that employees and their immediate families are provided assistance with confidential, short-term psychological assessment and referral and short-term resolution of issues related to work and family life that may affect employee health and well-being, the safety of the employee and co-workers, or job performance, attendance, and productivity. 5 U.S.C. 7901, Health Service Programs, authorizes expansion of Agency EAPs to address other employee issues such as family, financial, and marital problems. NASA EAP services shall be private and confidential, free, and strictly voluntary, unless a mandatory supervisor referral. The program is available to all NASA Civil Service employees, immediate family members, and contractors at some Centers according to contract specifications.

5.1.2 EAP Contractor Statements of Work shall incorporate the requirements listed in this chapter, as well as other applicable NASA contract requirements.

5.2 EAP Confidentiality

5.2.1 The Privacy Act covers all EAP records. Employees with alcohol and drug issues are further protected by 42 CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records." Under the Health Insurance Portability and Accountability Act of 1996

(HIPAA), employees have the right to request restrictions on certain uses and disclosures of EAP information. Depending on the location of EAP services, additional protection may be provided by state laws, state regulations, and/or professional association guidelines.

5.2.2 Center managers and supervisors shall inform employees about the availability and confidential nature of EAP services. During orientation and training activities, human resources representatives or EAP Officers or Clinicians shall also relay information to employees about the confidentiality policies and procedures associated with the EAP.

5.2.3 At the initial visit to the EAP, Clinicians shall inform employees about the procedures and laws affecting the EAP system of records, and employees shall be provided with a written Statement of Understanding concerning the confidential nature of EAP records. The Statement of Understanding shall contain elements reflected in 42 CFR Part 2. Instances where discreet employee information discussed in counseling may be disclosed to a third party (e.g., danger to self or others, suspected child abuse or neglect) shall also be provided in the Statement of Understanding.

5.3 EAP Record Access

5.3.1 EAP Clinicians shall not release any information without a signed consent from the employee, regardless of the issues discussed during counseling, except when required by law.

5.3.2 The NASA EAP Administrator, EAP Clinicians, and Center EAP Officers (frequently the occupational health Contracting Officer Technical Representative (COTR) shall serve as resources for employees and their representatives (e.g., legal or union) for details on how to legally access EAP records.

5.3.3 Employees shall have the right to access their own EAP records. The employee shall submit a formal written request to the NASA EAP Manager with information that includes the Center at which the services were provided and the estimated dates of service. The exception to this policy is, when in the clinical judgment of the EAP Clinician, it may cause additional harm to the client.

5.3.4 Regular and routine access to EAP records is limited to EAP Clinicians working directly with EAP clients.

5.3.5 The NASA EAP Manager and NASA EAP Officers shall have access to "redacted" Center EAP client records for the purposes of EAP oversight, evaluation, and quality assurance. Redacted records shall not contain any employee-identifying information and shall be appropriately sanitized by the Center EAP Clinician.

5.3.6 Records disclosure with consent (except where disclosure without consent is allowed) requires that an employee's written consent be obtained before any release of EAP information can be made. This applies to all releases, including those to supervisors, treatment facilities, and family members, without regard to the type of issue the individual is experiencing. An employee's written consent is required to discuss any confidential information with human resources, union representatives, and other similar offices or programs. All consent forms shall meet the requirements of 42 CFR Part 2.

5.3.7 Records disclosure without the employee's written consent is only permitted in a few specific instances. Any need for EAP records disclosure without consent shall be treated with the strictest confidence and comply with applicable Federal and individual

state laws. Nothing in this regulation restricts or prevents an EAP practitioner from complying with the duty to report that is mandated by Federal or state law. Any request or subpoena for records should be forwarded to the Office of the Chief General Counsel at the applicable Center or to the Office of the General Counsel at Headquarters. The Chief Health and Medical Officer (CHMO) shall be notified when a determination for disclosure of an EAP record without consent has been made.

5.3.8 Records disclosure may be made to individuals, such as law enforcement authorities and those persons being threatened, but the disclosure shall not identify the EAP client as an alcohol or drug abuser.

5.4 Release of Case Information and Secondary Disclosure

5.4.1 In cases where employees are referred to the EAP by supervisors because of work performance and/or conduct issues (except as provided in 5.3 above), no information shall be released to supervisors without the employee's written consent except whether or not employees made or kept appointments during official duty hours or any sick leave (for Drug-Free Workplace cases only).

5.4.2 Employees shall not be required to release information to supervisors. If employees choose to disclose their EAP file information, a consent form shall be signed by the employee to allow the release of information. The process is as follows:

a. If employees choose not to sign consent forms, the EAP shall not disclose any information to employee supervisors;

b. When employee consent is given to disclose information to supervisors, the EAP Clinician shall limit the discussion to attendance at the EAP, cooperation with the program, treatment plans that may interfere with the workplace, and work performance or conduct issues. The information provided by EAP Clinicians shall give supervisors a general idea of the kind of progress employees are making; and

c. Supervisors shall be encouraged to notify the Center EAP Clinician of any changes in an employee's work performance or conduct and any corrective actions taken, since these actions may have an impact on an employee's treatment.

5.4.3 Disclosed information shall include a written statement prohibiting further secondary/additional disclosure unless the employee has expressly provided written consent and allows for further disclosures.

5.4.4 Secondary/additional disclosure statements shall be attached to all information released in writing or sent separately if the information was released orally.

5.4.5 A copy of the signed release and a description of the material released shall be placed in the employee's EAP record.

5.5. EAP Roles

5.5.1 The Occupational Health Director oversees the Agency's EAP and directs the EAP Administrator.

5.5.2 NASA Center Management shall meet with EAP Clinicians and/or EAP Officers at least twice per year to discuss the mental health of the Center's workforce.

5.5.3 The NASA EAP Administrator is an Agency position and coordinates with, provides assistance to, and communicates with Center EAP Officers. This position reports to the CHMO through the NASA Occupational Health (OH) Director.

5.5.4 EAP Clinicians are licensed mental health practitioners who counsel and communicate with employees to assist them with issues that may impact their performance and productivity at work. Clinicians implement NASA's EAP policies and programs, including programs for counseling and assisting employees with alcohol and drug abuse problems. Clinicians educate and provide guidance to Center supervisors and managers to assist them in dealing with employee work-related issues. EAP Clinicians may be Civil Service personnel or contractors.

5.5.5 NASA Center EAP Officers conduct administrative responsibilities. In some cases due to certain Center staffing scenarios, the EAP Officer is the Center's COTR or the EAP Clinician.

5.6 Responsibilities

5.6.1 NASA Center Management shall, at a minimum, be responsible for:

a. Providing resources and EAP professional staff sufficient to ensure an effective EAP for the number of individuals able to access the service;

b. Encouraging employees to use the EAP by making services convenient and available to employees;

c. Ensuring that a Critical Incident Stress Management (CISM) Program is in place; and

d. Ensuring that employees dealing with critical incidents have access to EAP support.

5.6.2 EAP Officers, including those who are also EAP Clinicians shall, at a minimum, be responsible for:

a. Administrative support, including coordinating with management regarding EAP outreach and initiatives;

b. Attending Agency meetings regarding Center-wide EAP issues;

c. Attending external training programs to enhance knowledge about current EAP issues;

d. Serving as a liaison between the Center and the NASA EAP Administrator regarding utilization reports and data;

e. Coordinating with appropriate Center program representatives and management to establish a Critical Incident Stress Debriefing (CISD) process that includes the designation of responsibilities for all team members, including management officials, emergency operations responders, medical first responders, human resources personnel, and supervisors; and

f. Providing pre-incident planning including CISD team member training, establishing links with community partners, and identifying at-risk populations within the Center.

5.6.3 The Agency EAP Administrator shall, at a minimum, be responsible for:

a. Implementing Agency EAP plans;

b. Providing assistance to EAP professionals regarding Center-wide external training programs;

c. Implementing specific Center initiatives such as smoking cessation, workplace violence prevention, and stress reduction;

d. Conducting periodic meetings with all Center EAP staff to discuss current issues, trends, staff changes, and administrative matters related to EAPs;

e. Providing the status of any issues related to the Agency's EAP and the results of Center by Center utilization reports to the Agency Occupational Health Director;

f. Supporting Critical Incident Stress Management coordination to ensure each Center's participation;

g. Advocating for individual Center contract adjustments, as appropriate;

h. Assisting with Center EAP training initiatives; and

i. Periodically assessing Center programs and policies that deal with minimizing the impact of harmful stress on the workforce.

5.6.4 EAP Clinician responsibilities shall include, at a minimum, the following:

a. Serving as the initial Point of Contact (POC) for EAP assistance;

b. Participating in meetings regularly scheduled by the EAP Administrator;

c. Being familiar with all EAP related laws and regulations, including NPR 3792.1B Plan for a Drug-Free Workplace and drug treatment/rehabilitative insurance coverage that are available to employees through the Federal Employee Health Benefits Program;

d. Being qualified and trained in counseling employees in the occupational setting and being familiar with identifying evidence of illegal drug use;

e. Being responsible for providing assessments, short-term counseling, referral, and educational and outreach activities to employees, including supervisors and managers;

f. For EAP Clinicians located offsite, being readily accessible to NASA employees and being responsible for regularly communicating and coordinating with an onsite Center representative, such as the COTR or EAP Officer, to ensure the continuity and quality of the EAP;

g. Developing or participating in work/life programs, including programs such as Critical Incident Response, Prevention/Threat Assessment, Americans with Disabilities Act, and the Drug-Free Workplace Program;

h. Ensuring that Center management and employees are notified about EAP programs available and offered training on early intervention and awareness;

i. Offering training and consultation to employees and supervisors;

j. Establishing employee feedback and quality control measures to document the degree of effectiveness of EAPs while assuring confidentiality;

k. Monitoring cases to ensure that continuity of care is provided or identifying reasons the client did not complete care;

l. Collecting metrics consistent with confidentiality standards that include numbers and types of cases, mandatory and non-mandatory referrals, and general demographic data;

m. Soliciting confidential client feedback and initiating quality control measures to document the degree of effectiveness of programs;

n. Providing quarterly utilization reports to the EAP Administrator, either directly or through their Center's COTR or EAP Officer; and

o. Ensuring that procedures are in place that ensure professional mental health assistance is available to Center employees during regular business hours, whenever the EAP Clinician is unavailable due to vacation, illness, offsite training, emergency, or other event wherein there is no office phone or in-person coverage. Provisions for this alternative coverage shall be outlined in the contract between NASA and the Contractor in the Statement of Work.

5.7 Program Elements

5.7.1 There are several types of EAP referrals, all of which are ultimately voluntary:

a. Self-Referral: self-seeking EAP assistance by an employee who thinks that he/she may have an issue that should be discussed with a mental health professional;

b. Management Referral: referral to the EAP by a supervisor, usually as a result of a performance or conduct deficiency or an employee who is identified as using/abusing drugs in accordance with Executive Order 12564;

c. Self Identification: self-seeking EAP assistance by an employee who admits to drug abuse to his/her supervisor or to others and seeks rehabilitative assistance in accordance with Executive Order 12564 prior to being identified through other means;

d. Mandatory Referral: a referral by an employee's supervisor due to an employee's positive drug test, performance issues, or other events that are deemed contrary to NASA policy and procedures. Although the actual referral is "mandatory," there is no requirement to compel an employee to partake in EAP services/assistance, since EAP participation shall always be voluntary. However, an employee's failure to cooperate with a mandatory referral to EAP for assistance may have adverse consequences for the employee; or

e. Other Referral: employee referral to the EAP by a union official, medical review officer, health professional, or through any means other than a self-referral or supervisory referral.

5.7.2 NASA employees are afforded an opportunity to meet with an EAP professional (not all EAP offices are onsite) during normal business hours. Between 5:00 p.m. and 8:00 a.m. on weekdays, weekends, and Federal holidays, employees may contact an on-call EAP professional, using a toll-free number, who provides short-term assistance until the Center's EAP professional is available.

5.7.3 EAP services shall include four types of core services:

a. Individual services shall include assessment, treatment planning, referral, short-term counseling, followup, and coordination with other NASA offices such as human resources regarding case planning and outcomes;

b. Managerial/supervisory services shall include assistance in employee EAP referral, employee support guidance, back-to-work meeting assistance, employee conduct and performance guidance, and supervisor training and education;

c. Organizational assistance shall include violence prevention, crisis management, critical incident assistance, support groups, employee orientations, education and outreach, and special auxiliary services (e.g., drug-free workplace, smoking cessation, job transitions); and

d. Administrative.

5.7.4 EAP professionals shall work cooperatively and establish partnerships with other offices such as Human Resources, Employee Relations, Equal Opportunity, Safety, and Occupational Medicine in work-related issues that potentially affect employee performance.

5.7.5 Critical Incident Stress Management (CISM) Program

5.7.5.1 A CISM Program shall be developed and implemented at each NASA Center as part of other employee EAP assessments and short-term counseling services offered within an environment of confidentiality. A CISM Program addresses the immediate and subsequent impact of catastrophic events on individuals or groups. The goal of a CISM Program intervention is to minimize the occurrence of post-trauma resulting from any critical incident and to augment recovery activities for populations having normal reactions to abnormal events.

5.7.5.2 A Center CISM Program shall be written and reviewed and updated annually.

5.7.5.3 A Center's CISM Program shall be made a part of the Center Emergency Response Plan. Examples of critical incidents that could impede an employee's ability to function include natural disasters (e.g., tornadoes, hurricanes, floods, fires and earthquakes), manmade disasters, major mission failure, terrorism, homicide, sudden death, suicide, victim or witness to violence, kidnapping, or hostage situations.

5.7.5.4 A Center's CISM Program shall include the following information and components:

a. Procedures that include the following:

(1) Education and coordination methods to be used among Center Management, EAP Clinicians, Emergency Preparedness and Response personnel, Medical First Responders, Occupational Medicine personnel, Human Resources, and Supervisors to ensure methods are in place to cover all aspects of a critical incident response management.

(2) Establishing, training, and maintaining a Critical Incident Stress Debriefing (CISD) team and designating a CISD Team Lead.

(3) Providing direction and coordination to the CISD team.

(4) Pre-crisis education and pre-deployment briefing sessions.

(5) Identifying and coordinating with local community health providers (e.g., safety, security, mental health professionals) to establish a resource network for CISD team members.

(6) Providing information to affected personnel regarding Center efforts to identify the scope of an incident and actions being taken to support the workforce.

(7) Notification methods and timelines used for community partners during or after an incident had occurred.

(8) Assessment, triage, treatment, referral, and followup of affected employees for up to one year, or longer if deemed necessary.

(9) Conducting meetings and post-incident intervention planning.

b. A description of the duties of the EAP Clinician (in certain Center staffing scenarios, an EAP Clinician may also serve as the Center's EAP Officer) that shall include the following:

(1) Developing CISM procedures.

(2) Establishing, providing training for, and maintaining a CISD team.

(3) Coordinating with Center Officials to establish the process for creating CISD teams.

Team members shall generally be drawn from the Center's personnel, health, safety, and security communities.

(4) Establishing links with community partners.

(5) Outlining the responsibilities for all participants, including Management, Emergency Operations Responders, Medical First Responders, Human Resources personnel, and Center Supervisors.

(6) Identifying at-risk populations within the Center.

(7) Meeting with Center Emergency Preparedness personnel, Medical First Responders, and Management to assess impact and identify affected employees on notification of a critical incident.

(8) Compiling a list of the individuals to participate in CISD Team Member briefings.

(9) Notifying the CISD team and any community partners to establish a meeting place for the Team and participants.

(10) Leading the CISD team in providing defusing and debriefing sessions, as well as providing one-on-one interventions, referral, and follow-up services.

(11) Making requests to the Agency EAP Administrator for additional CISD training or additional temporary EAP Clinician support to respond to a critical event.

c. A description of Center Management duties that shall include the following:

(1) Ensuring the Center workforce dealing with critical incidents has access to EAP support.

(2) Ensuring that the Center maintains a written and current CISM policy.

d. A description of CISD team member duties that shall include the following:

(1) Providing CISD services under the direction of the Center EAP Officer or EAP Clinician.

(2) Assisting in identifying individuals in need of additional EAP services.

(3) Being familiar with CISM components, including procedures and protocol.

(4) Participating in initial and periodic planning meetings.

(5) Providing support for a CISD exercise following a critical incident, including follow-up monitoring of impacted employees.

(6) Coordinating with and executing guidance from the EAP Clinician or appointed CISD Team Lead.

(7) Participating in debriefings for CISD team members.

e. A description of Center Emergency Preparedness and Medical First Responder Personnel responsibilities that shall include the following:

(1) Familiarization with Center CISD services.

(2) Notifying the Center EAP Officer or Clinician of critical incidents and coordinating the arrangement of meeting facilities for CISD exercises.

(3) Assisting the EAP Officer or Clinician in coordinating CISM efforts, along with a designated Human Resources Officer.

(4) Identifying impacted employees.

(5) Participating in post-incident demobilization, defusing, and debriefing exercises as requested by the CISD Team lead.

f. A description of Center Human Resource Officer responsibilities that shall include the following:

(1) Notifying the Center EAP Officer or EAP Clinician of any known critical incidents.

(2) Assisting in identifying individuals or groups impacted by a critical incident.

(3) Informing supervisors and employees of the availability of CISM services.

g. A description of Center Supervisor responsibilities that shall include the following:

(1) Notifying the Center EAP Officer or EAP Clinician, along with other designated contacts (e.g. safety, security, medical, personnel) of any critical incidents.

(2) Assisting in the identification of individuals or groups impacted by a critical incident and providing incident information facilitating the debriefing process.

(3) Encouraging and granting time for employees to participate in Center-sanctioned CISM service.

(4) Notifying the Center EAP Officer or EAP Clinician of any difficulties an employee may be experiencing (e.g., changes in performance or behavior) following a critical incident.

5.7.6 Workplace Violence

5.7.6.1 Pursuant to NASA's Office of Human Capital NPD 1600.3, Policy on Prevention of and Response to Workplace Violence, NASA Centers shall implement and maintain a Workplace Violence Prevention Program, which provides Center Directors with the

discretion of designating a Center EAP as a permanent member of the Center's Threat Assessment Team. To assist in this capacity, EAP Clinicians shall:

a. Consult the most recent version of the NASA Desk Guide for the Prevention of and Response to Workplace Violence Center for additional information on the Agency's workplace violence prevention procedures and resources;

b. Assist other Center offices, such as Human Resources, Security, Safety, and Public Affairs in required annual workplace violence prevention training and other awareness and prevention activities for employees;

c. Assist with the review and assessment of incidents involving psychiatric, alcohol, or drug-related behavior;

d. Ensure that stress, grief, and security concerns are addressed with employees during and after workplace violence events;

e. Consult with the Center Threat Assessment Team when a potential for violence exists or an actual incident is reported;

f. Consult with Center Incident Response teams when a potential for violence exists or an actual incident is reported;

g. Participate in CISD teams in the event of a violent situation;

h. Consult with Center Supervisors to identify specific problem areas, develop action plans to resolve problems in the early stages, and encourage employees and supervisors to contact the EAP for individual counseling; and

i. Help in the prevention of workplace violence through: early involvement in organizational changes; training employees in dealing with angry co-workers and customers, conflict resolution, and communication skills; training supervisors to deal with problems as soon as they surface without diagnosing the employee's problem; making recommendations to address workplace stress and violence issues; identifying ways to deal with uncomfortable or threatening situations; discussing with employees problems that can adversely affect job performance and conduct, and help employees with other problems (e.g., marital or financial issues) that may underlie potentially violent situations.

5.7.7 Domestic Violence Awareness

5.7.7.1 NASA Centers shall conduct domestic violence awareness training programs for their workforce. Domestic violence and emotional abuse are behaviors used by one person in a relationship to control the other. Individuals may be married, not married, living together, separated, or dating. Violence may be criminal and includes physical assault (hitting, pushing, shoving), sexual abuse (unwanted or forced sexual activity), and stalking. Emotional, psychological, and financial abuses are not criminal behaviors but are forms of abuse and can lead to criminal violence. Occurrence and severity of domestic violence may increase with stress, financial difficulties, and job insecurity.

5.7.7.2 Domestic Violence Awareness Training shall be provided by the Center EAP and/or Human Resources and include:

a. A review of the Center's domestic violence policy and procedures;

b. Resources available for victim assistance;

c. Resources for emotional support and self-esteem or empowerment;

d. A discussion of the dynamics of abuse and barriers to ending domestic abuse;

e. Resource for financial, legal, and advocacy; and

f. A discussion of security and confidentiality issues.

5.7.7.3 All Center Medical staff and healthcare workers shall be knowledgeable about the serious nature of and physical and behavioral signs of domestic violence and shall request training from the Center EAP Clinician whenever necessary.

5.7.7.4 The Center EAP shall provide training to supervisors about the nature and dynamics of domestic violence and how to identify behavior exhibited by employees through unusual performance or emotional instability, or through physical evidence of trauma.

5.7.7.5 All reports of abuse shall be taken seriously and the victim referred for assistance.

5.7.7.6 Center EAP Clinicians shall provide confidential consultation to management regarding employee problems related to domestic violence.

5.7.7.7 Victim assistance provided by the Center to ensure their safety shall include:

a. Center Human Resources, Legal, and Security personnel assistance when an abuser has access to the Center at which the victim is employed;

b. Availability of information at various Center offices regarding the procedures and resources to be used (e.g., telephone numbers) for assistance. A list of community resources shall be available onsite, as well as in confidentially accessible locations such as bathroom and locker facilities; and

c. Center EAP assistance to confidentially assess the risk to victims, providing contacts and telephone numbers to victims to assist them and encouraging victims to memorize emergency numbers, arranging for onsite contacts if community resources are not easily available, and working with victims to develop a "safety plan" that includes:

(1) Preparation to leave the abusive situation, including financial planning, rehearsing, arrangements for any children involved in the victim's home, legal, or enforcement assistance notification and requirements, important documents to take, and a contingency plan if the initial plan cannot be implemented.

(2) Protection during violent incidents.

(3) Safety in the home, work, and public places.

5.7.7.8 Short-term counseling shall be available to victims of domestic violence and may involve from one to several sessions, over a discrete period of time, as determined by the EAP Clinician. Counseling does not include a clinical evaluation or diagnosis. Counseling shall include at least the following:

a. Counseling of employees referred to the EAP by self-referral or by supervisory referral;

b. Informing clients of confidentiality rights and of the duration and type of services

provided by the EAP;

c. Providing problem assessment, using constructive confrontation and short-term intervention and assisting with providing information for referrals directed to community-based resources; and

d. Referring clients for other assistance and treatment, and advising on the potential cost of outside treatment which must be borne by the client.

5.7.7.9 Employees shall be screened for evidence or history of domestic abuse, with appropriate actions taken if domestic violence is suspected.

5.7.7.10 Centers shall develop and maintain a domestic violence policy with a multidisciplinary approach to identify, address, and ensure Center safety for domestic abuse victims. The policy shall include the following:

a. Maintenance of victim confidentiality;

b. Security of the victim and co-workers, especially if the abuser works at or has access to the Center;

c. Provisions for victim access to Center resources during work hours; and

d. Description of the functions of the Center EAP, supervisory, medical, and human resources personnel in cases of domestic violence against a Center employee.

5.7.8 EAP Quality Assurance

5.7.8.1 Onsite reviews of NASA Center EAPs shall be conducted in accordance with Chapter 7 of this NPR. Reviews shall include, but not be limited to, an assessment of:

a. EAP staffing levels;

b. Annual internal or third party EAP evaluations during off-years;

c. Whether the EAP is meeting Agency objectives and goals;

d. EAP utilization rates and trends;

e. EAP availability and accessibility and conformity with NASA's culture;

f. Workforce satisfaction with program services;

g. Overall program effectiveness;

h. Maintenance of EAP Web site (where applicable);

i. Types and frequency of outreach and education programs;

j. Frequency of EAP and Center Management meetings to discuss status of workforce mental health;

k. Status of partnerships with other Center offices such as Human Resources, Equal Employment Opportunity, Medical, Fitness, Work/Life, and Workers' Compensation;

l. Case records maintenance and quality assurance;

m. Maintenance of EAP policy and procedure documents; and

n. Quarterly and annual report submittal timeliness and content.

5.7.9 Records Maintenance, Retention, Coding, Security, and Destruction

5.7.9.1 NASA EAP records are considered personal case files consisting of electronic records, handwritten notes, letters to physicians or counselors, calendar of treatment(s), authorization releases, after care information, and telephone messages. EAP records, whether written, verbal, or electronic, are covered by this NPR. This NPR covers records generated and/or maintained by EAP Clinicians who are Civil Service personnel or contract personnel.

5.7.9.2 All EAP records (electronic and hardcopy) are the property of NASA, including records created and maintained by contractors. Contractors are only the custodians of EAP records while under contract to NASA. At contract termination, contractors shall return original records to the successor EAP Clinician or the NASA EAP Administrator consistent with the confidentiality requirements and as specified in individual Center contracts.

5.7.9.3 NASA EAP records shall be maintained in a discrete secure location. EAP records are not considered to be medical records and shall not be maintained with medical records. EAP file contents shall never be part of or stored with personnel folders, employee medical files, or any other system of records in NASA. Case files shall be handled confidentially in accordance with Section 408 of Public Law 92-155. All written case records shall be kept in separate, locked filing cabinets. Cabinets shall be locked when not in use.

5.7.9.4 Where an external EAP provider maintains EAP records for a NASA Center, the records shall be maintained separate from other customers' client records and be accessible for NASA Office of the Chief Health and Medical Officer quality assurance reviews.

5.7.9.5 EAP Clinicians shall maintain a record of cases and activities on a Government fiscal year basis.

5.7.9.6 Records shall be retained until five years after employees have ceased contact with the EAP, whether or not employees have terminated employment with NASA. At a minimum, management referral cases shall be destroyed five years after the last date in file, or upon termination of employee. At a minimum, voluntary referral cases shall be destroyed two years after the last date in the file, or upon termination of employee. Records shall be retained longer if required by state laws where the records are stored, or until any litigation involving the employee is resolved. EAP records retention is governed by NPR 1441.1, NASA Records Retention Schedules.

5.7.9.7 To ensure confidentiality, all records shall be maintained and retrieved by unique case numbering systems rather than by names. Case-coded files shall include records that have been closed but not yet destroyed.

5.7.9.8 Each employee participating in the EAP shall be assigned a unique case number.

5.7.9.9 All hard copy case materials shall be placed in a folder and labeled with this unique case number. Computer files shall also be labeled with this unique case number.

5.7.9.10 The list of unique case numbers that correspond to the employees' names shall be maintained in a locked or secure file, separate from the case folders. It shall be secured when not in use and shall be maintained by EAP Clinicians or authorized EAP

record custodians.

5.7.9.11 All identifying information recorded in case records shall be kept to a minimum.

5.7.9.12 All contacts shall be recorded with the most recent information filed on top. Entries shall only contain the information necessary for handling cases.

5.7.9.13 All persons having access to the files shall have previous training in the proper handling of records covered by this policy. Refresher training shall be provided in the event of a policy change.

5.7.9.14 The EAP Clinician or approved EAP record custodian shall be responsible for ensuring that file cabinets are secure before leaving each day.

5.7.9.15 Confidentiality safeguards shall be implemented with the storage of electronic EAP records in accordance with NPR 2810.1A, Security of Information Technology requirements.

5.7.9.16 Paper records shall be destroyed at the individual NASA EAP sites and in accordance with a method that has been approved by NASA.

5.7.9.17 Names of the employees whose EAP records were destroyed shall be added to a record of former EAP clients. This list shall be kept with the unique case number record and the same confidentiality procedures apply. No other information about clients shall be maintained once their records have been destroyed.

5.7.10 EAP Report Requirements

5.7.10.1 EAP Clinicians shall employ EAP Caseware 20/20 software to record case data and generate reports. EAP Clinicians who do not use Caseware 20/20 shall provide reports comparable to those using Caseware 20/20 software so that data analyses performed are accurate and consistent Agency wide.

5.7.10.2 Onsite and offsite EAP Clinicians shall electronically provide an annual report of the previous fiscal year cases to their Center Management and to the NASA EAP Administrator by December 1 of each year. Data provided in the report shall include:

a. Number of cases;

b. Breakout of cases into NASA Civil Servants, Contractors, Dependents;

c. Age and gender of clients;

d. Presenting problems;

e. Assessed problems;

f. Average number of sessions;

g. Case disposition at closure;

h. Number of management referrals;

i. Number of high risk cases such as those involving potential violence, drug or alcohol concerns, and suicidal/homicidal ideation;

j. Number of management consultations;

k. CISD and other CISM activity;

l. Training offered;

m. Support/psycho-educational groups;

n. Work-Life cases such as Child Care, Elder Care, Financial Services, Legal Services, Concierge (where provided);

o. Online and Internet resources;

p. Quality assurance activity;

q. Narrative on Center trends affecting job performance;

r. How clients heard about the Center's EAP; and

s. Recommendations.

5.7.10.3 Onsite and offsite EAP Clinicians shall also provide specialized electronically generated reports at the request of the CHMO for special projects on an as needed basis.

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